Combined Declaration For Patent Application and Power of Attorney								ATTORNEY DOCKET 86880THC					
As below named inventor, I hereby declare that:  My residence, post office address and citizenship are as stated below next to my name,  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:													
METHOD OF PROVIDING PHOTOFINISHING SERVICES													
The specification of which (check only one item below):													
X is attached hereto.													
was filed as United States Application Serial No. on and was amended on (if applicable).													
was filed as PCT international application Number on and was amended on (if applicable).													
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.													
I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.													
I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's													
certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least													
one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:													
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:  COUNTRY APPLICATION NUMBER DATE OF FILING PRIORITY CLAIMED UNDER 35 USC § 119													
COUNTRY (if PCT, indicate PCT)		TEIGHNOTHIGHEN		(month/dayyear)			YES		NO NO				
							YES		NO				
							YES		NO				
I hereby claim the benefit under	Fitle 35, United St	ates Code, 119 §(e	) of an	y United States provisional	l application	(s) listed	below:						
PRIOR PROVISIONAL APPL		D ANY PRIORITY	CLA	IMS UNDER 35 U.S.C.									
PROVISIONAL APPLICATION NUMBER FILING DATE (month/daylyear)													
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:													
PRIOR US APPLICATIONS C 35USC§120:	OR PCT INTERN	ATIONAL APPLI	CATIO	ONS DESIGNATING TH	E U.S FOR	BENEF	IT UNDER						
	U.S. APPL	CATIONS			STATUS (Check one)								
U.S. APPLICATION NUMBER			U.S. FILING DATE		PATENTI	D	PENDING	ABA	NDONED				
	·					-		-					
PCT APPLICATIONS DESIGNATING THE U.S.													
PCT APPLICATION NO. PCT FILIT		IG DATE	ī	J.S. SERIAL NUMBERS ASSIGNED (if any)				1					

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С	mbined Dec	clarati n F r Pat nt Applicati	n and Po	wer f Att rney (Continued)		ATTORNEY DOCKET					
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.											
Send Correspondence to: Direct Telephone Calls to:											
			Legal Sta		(name and telepho	one number)					
				Company	Thomas H	. Close					
343 State Street Rochester, NY						585-722-2396 FAX: 585-477-4646					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME M.					
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2	FULL NAME OF INVENTOR	FAMILY NAME Fredlund	-	FIRST GIVEN NAME  JOHN	SECOND GIVEN N	NAME					
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3	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Compa	iny	crry 343 State Street, Rochester	STATE & ZIP COD	STATE & ZIP CODE (COUNTRY) New York 14650 USA					
2	FULL NAME OF INVENTOR	FAMILY NAME Manico		FIRST GIVEN NAME JOSEPH		SECOND GIVEN NAME A.					
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2	FULL NAME OF INVENTOR	FAMILY NAME Cloutier		FIRST GIVEN NAME Robert	SECOND GIVEN IN						
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5	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Compa	inv	CITY 343 State Street, Rochester	STATE & ZIP COD						
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME					
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	COUNTRY OF CITIZENSHIP					
6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COD	STATE & ZIP CODE (COUNTRY)					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
SIGNATURE OF INVENTOR 201			SIGNATURE	OF INVENTOR 202	SIGNATURE OF INVENT	NATURE OF INVENTOR 203					
DATE			DATE		DATE						
SIGNATURE OF INVENTOR 204			SIGNATURE OF INVENTOR 205 SIG		SIGNATURE OF INVENT	DR 206					
DATE			DATE		DATE						